



V i r g i n i a C o m m o n w e a l t h U n i v e r s i t y

Americans with Disabilities Act Employee Self-Identification and Request For Accommodation

This form must be completed and submitted to the Office for Institutional Equity when an employee wishes to self-identify and make a request for accommodation due to a documented disability. To be eligible for a reasonable accommodation under the Americans with Disabilities Act (ADA), the employee must be qualified to perform the essential functions of his/her position with or without an accommodation and have a qualifying disability that limits a major life function.

Employee name: Monique Small (Drew)	Employee home phone: 804-458-5222
Employee address: 4123 Robert E Lee Drive	Cell number: 804-498-2732
Hopewell, VA 23860	Work number: 804 971-0450
Supervisor: Brandon Dingess	Supervisor phone number: 804 513-4771
Department: Parking & Transportation	Date: 4-24-15
<p>1. Please describe which major life activity your impairment limits. (For example: caring for oneself, performing manual tasks, walking, seeing, hearing, sitting, speaking, breathing, learning, remembering, concentrating, etc.)</p> 	
<p>2. Describe how your condition limits your ability to perform the essential functions of your job. Using your Employee Work Profile or faculty work plan (job description), identify the essential functions affected and be specific about how the medical condition impairs your ability in each instance. (Your Employee Work Profile can be obtained through your immediate supervisor or through the Division of Human resources. Faculty work plans can be obtained through department chairs or directors.)</p> 	
<p>3. Describe in detail the accommodation(s) you are requesting:</p> 	
<p>4. Please add any additional information you feel may be relevant to your request:</p> 	
Employee signature:	Date:

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Employee name: <i>Monique Small (Drew)</i>	Employee home phone: <i>804-458-5222</i>
Employee address: <i>1123 Robert E Lee Drive</i>	Cell number: <i>804-490-2732</i>
<i>Hopewell, VA 23860</i>	Work number: <i>804-971-0450</i>
Supervisor: <i>Brandon Dingsess</i>	Supervisor phone number: <i>804-513-4771</i>
Department: <i>Parking & Transportation</i>	Date: <i>4-24-15</i>
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3/1	
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3. Describe in detail the accommodation(s) you are requesting:	
4. Please add any additional information you feel may be relevant to your request:	
Employee signature: <i>Monique Small Drew</i>	Date: <i>12-17-15</i>

V i r g i n i a C o m m o n w e a l t h U n i v e r s i t y

Physician's Certification for Employee Accommodation

We have received notice from you and/or your doctor indicating that you have a condition that requires an accommodation in the workplace. In order to process this request, additional information is needed from the treating physician. Please ask your physician to review your Employee Work Profile (job description) or faculty work plan (job description) with you and complete this certification and return it to the Office for Institutional Equity as soon as possible. This information must be received in order to process your request.

Employee Name

K. DeW. Monique

Position

Packaging + Transp

- 1). Describe the (a) nature, (b) severity, and (c) duration of the employee's impairment.

① pain & loss of motion in neck & moderate
② ongoing

- 2). Describe the major life activity or activities the impairment limits (i.e. walking, breathing, seeing, etc.)

- walking, sitting, mobility

- 3). Describe how this condition limits the employee's ability to perform the essential functions of the job. Using the Employee Work Profile (job description) or faculty work plan (job description), identify the essential functions affected and how the medical condition impairs the employee in each instance.

pain & restricted mobility restrict
function

- 4). Describe the accommodation requested and why the requested reasonable accommodation is needed.

limited walking & heavy back
work in - heavy lifting & pushing
no running / pulling
B27400 & 2145 2145 2145 2145 2145
PTL 2145 2145 2145 2145 2145

- 5). Are there any alternative accommodations that may also be feasible (not listed in #4).

Physician's Signature

Date

Physician's Printed Name

Address

City

State

Zip

Telephone Number

Thy

4124115

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616, 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 20 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210. **DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR; RETURN TO THE PATIENT.**

Position's Physical/Cognitive Requirements:**Physical Demands and Activities:**

E	Light lifting	(<20 lbs.)	more than 10lb	
E	Moderate lifting	(20-50 lbs.)	* limited walking with every 1 hour	
M	Heavy lifting	(>50 lbs.)		
N/A	Pushing/pulling	E	Walking	* work 4h - 1 DAY W/
E	Standing	N/A	Climbing	PER WEEK
E	Sitting	N/A	Reaching	NO PUSHING OR PULL
M	Repetitive motion	N/A	Bending	DRACK EVERY 2H NO REPETITIVE MOT

PT WOULD TRANSFER +
HEADING READ

[Handwritten signature]



Topic: Accommodation Request for Monique Drew

To: Monique Drew, Charles B Dingess

Date: May 26, 2015

Ms. Drew has filed all the relevant paperwork to receive accommodations via the Americans with Disabilities Act. Accommodations are requested as follows:

- **Ms. Drew has restricted mobility, she cannot walk long distances.**
- **Ms. Drew needs to take a 10-15 minute break every two hours.**
- **Ms. Drew cannot engage in activities that involve pushing or pulling or repetitive motions.**

Gmail works better with Chrome Yes, got Chrome now No, not interested

X

Monique

Mail

More

134 of 1,566

COMPOSE

Paperwork

Inbox x

People (2)

^

Inbox (1,041)

Starred

Important

Sent Mail

Drafts (2)

Junk

More

Search people


Ashley C Rogers

chesterbw

jas.pegam

ladrew

larrydrew911

 **Paula L. McMahon** <mcmahonpl2@vcu.edu>
to me

Paula L. McMahon
ADA COORDINATOR

Ms. Drew,

I was out at a meeting last week. I am in receipt of some paperwork from you and wanted to know if we could meet or talk over the phone to discuss this further. Please let me know what would work for you.

Sincerely

Paula

—
Paula McMahon MSc. CRC. ADACT
Americans with Disabilities Act (ADA) Coordinator
Office for Institutional Equity
817 South Cathedral Place
Room 1006
P.O. Box 843022
Virginia Commonwealth University
Richmond, VA - 23284-3022

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